

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1962/49

-62-010984

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 294

294

VS 300
Rev. 4/59

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27095

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 812 BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN INDEPENDENCE d. STREET ADDRESS (If outside, give location) 1240 So. HARRIS	
3. NAME OF DECEASED (Type or print) First STELLA Middle GRAHAM Last GRAHAM		4. DATE OF DEATH Month 1 Day 17 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-15-1871
9. AGE (last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY	11. BIRTHPLACE (City and state or country) LONDON, OHIO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME TRIMBLE GRAHAM	
14. MOTHER'S MAIDEN NAME HULDA		15. NAME OF HUSBAND OR WIFE CARL DUNN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Decompensation & failure Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Virus Enterocolitis & Arteriosclerosis		19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Senility, Cerebral & General Atrophy	
20. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
24. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 10-5-60		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
26. CITY, TOWN, OR LOCATION INDEPENDENCE, MISSOURI		27. COUNTY _____ STATE _____	
28. I attended the deceased from 10-5-60 to 1-17-62 and last saw her alive on 1-16-62 Death occurred at approx 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.		29. SIGNATURE (Degree or title) M. Haight MD	
30. ADDRESS 3401 E 12th K.C. Mo		31. DATE SIGNED 1-17-62	
32. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		33. DATE 1-19-1962	
34. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON		35. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI	
36. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. K.C., Mo.		37. ADDRESS 1-17-62	
38. DATE RECD. BY LOCAL REG. 1-17-62		39. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.